

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Sam Cary Mine Record No. \_\_\_\_\_  
Nationality American Age 46 Wt. 151  
Complexion fair Color eyes blue Hair Brown Identification Marks none  
7/25/33, 1933 In what capacity employed? Apprentice Check No. \_\_\_\_\_  
Experience in coal mines 4 years

Shot Firer's Certificate? \_\_\_\_\_ Shot Examiner's? \_\_\_\_\_ Fire Boss?  Mine Foreman's?   
Have you worked during the last year? For Bear River Coal Co from \_\_\_\_\_  
; For Bear River Coal Co from \_\_\_\_\_  
; For Apprentice from \_\_\_\_\_ to \_\_\_\_\_

What work were you employed? Apprentice  
Languages can you speak? Eng Read? Eng  
Write? Eng  
Where born? Pierce Neb Are you a citizen? Yes

Single, married, or a widower? Married If married, give full name of wife Gertrude Cary  
Is she living with you? Yes If not, give her present address \_\_\_\_\_  
Is she dependent on you for support? Wholly

Give names and ages of your children, and indicate those married: Those living with you Charles (18) Leo (14) Margaret (15)  
Lucy Jane (12) Glen (11) Betty (12) Mary (1) Not living with you (give addresses) \_\_\_\_\_

Children, if any, are physically or mentally defective? OK  
Children who are self-supporting none  
Father living? No If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_

Who supports him? \_\_\_\_\_  
Do you contribute to his support? \_\_\_\_\_ Is your mother living? Yes  
Name and address Mrs S J Cary, Grand Junction Colo  
Supports her? Self & Bros Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 40.00 per year  
Last contribution was made Dec 1932 Amount 10.00  
Names and addresses of your brothers S J Cary M<sup>r</sup> Gregor Colo

Names and addresses of your sisters none

Names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support none

How much do you contribute to their support each year? \_\_\_\_\_  
Amount of last contribution \_\_\_\_\_

Do you have a copy of the State Coal Mining Law? Yes Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act? Yes, and do you elect and agree to become subject thereto? Yes  
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes

Name and address of person to whom you desire notice sent in event of your death Mrs Sam Cary Bear River Colo  
Dated at Bear River, Colorado, 7/25/33, 1933

Signature of Superintendent or Mine Clerk Nancy Woods Signature of Employee or Applicant (Full Name) Sam J Cary